





2012 Community Health Needs Assessment

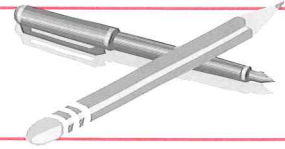
The Fargo-Moorhead Community Health Needs Assessment Collaborative invites you to participate in the 2012 Community Health Needs Assessment. The information that we gather from you will be important for the development of an action plan to address the identified unmet needs in the community. Your participation in this work is important to improving the health of our community.

Please take a moment to complete the survey. You may skip any questions that you do not wish to answer. Your answers will be combined with other responses and reported in aggregate form. If you have any questions about the survey, you may contact Dr. Richard Rathge at 701-231-8621 or by email at richard.rathge@ndsu.edu.

- Use a pencil or blue or black pen.
- Fill bubbles completely.
- Do not mark answers with Xs or ✓s.

Correct Mark: 

Incorrect Marks:   



Community Assets/Best Things about Your Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of agreement with each of the following statements about your community regarding PEOPLE, SERVICES AND RESOURCES, and QUALITY OF LIFE.

Considering your community, what is your level of agreement with...

Level of agreement
(1=not at all; 5= a great deal)

Q1. PEOPLE

Not at All ← → A Great Deal

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| a. People are friendly, helpful, and supportive. | (1) | (2) | (3) | (4) | (5) |
| b. There is a sense of community/feeling connected to people who live here. | (1) | (2) | (3) | (4) | (5) |
| c. People who live here are aware of/engaged in social, civic, or political issues. | (1) | (2) | (3) | (4) | (5) |
| d. The community is socially and culturally diverse. | (1) | (2) | (3) | (4) | (5) |
| e. There is an engaged government. | (1) | (2) | (3) | (4) | (5) |
| f. There is tolerance, inclusion, and open-mindedness. | (1) | (2) | (3) | (4) | (5) |
| g. There is a sense that you can make a difference. | (1) | (2) | (3) | (4) | (5) |

Q2. SERVICES AND RESOURCES

- | | | | | | |
|---|-----|-----|-----|-----|-----|
| a. There are quality school systems and programs for youth. | (1) | (2) | (3) | (4) | (5) |
| b. There are quality higher education opportunities and institutions. | (1) | (2) | (3) | (4) | (5) |
| c. There is quality health care. | (1) | (2) | (3) | (4) | (5) |
| d. There is effective transportation. | (1) | (2) | (3) | (4) | (5) |
| e. There is access to healthy food. | (1) | (2) | (3) | (4) | (5) |
| f. There is access to family services. | (1) | (2) | (3) | (4) | (5) |

Q3. QUALITY OF LIFE

- | | | | | | |
|--|-----|-----|-----|-----|-----|
| a. The community is a safe place to live and has little or no crime. | (1) | (2) | (3) | (4) | (5) |
| b. The community is a good place to raise kids. | (1) | (2) | (3) | (4) | (5) |
| c. The community has a peaceful, calm, and quiet environment. | (1) | (2) | (3) | (4) | (5) |
| d. The community is a healthy place to live. | (1) | (2) | (3) | (4) | (5) |
| e. There are quality arts, cultural activities, events, and festivals. | (1) | (2) | (3) | (4) | (5) |
| f. There are many recreational, exercise, and sports activities/opportunities. | (1) | (2) | (3) | (4) | (5) |

Q4. What are other "best things" about your community that are not reflected in the questions above?

General Concerns about Your Community

Using a 1 to 5 scale, with one being "not at all" and 5 being "a great deal," please tell us the level of concern you have about your community in each of the following areas: ECONOMIC ISSUES, TRANSPORTATION, ENVIRONMENT, CHILDREN AND YOUTH, THE AGING POPULATION, and SAFETY.

Considering your community, what is your level of concern with...	Level of concern (1=not at all; 5= a great deal)				
	Not at All	←-----→			A Great Deal
Q5. ECONOMIC ISSUES					
a. Availability of affordable housing	(1)	(2)	(3)	(4)	(5)
b. Availability of employment opportunities	(1)	(2)	(3)	(4)	(5)
c. Wage levels	(1)	(2)	(3)	(4)	(5)
d. Poverty	(1)	(2)	(3)	(4)	(5)
e. Homelessness	(1)	(2)	(3)	(4)	(5)
f. Cost of living	(1)	(2)	(3)	(4)	(5)
g. Economic disparities between higher and lower classes	(1)	(2)	(3)	(4)	(5)
h. Hunger	(1)	(2)	(3)	(4)	(5)
Q6. TRANSPORTATION					
a. Traffic congestion	(1)	(2)	(3)	(4)	(5)
b. Availability and/or cost of public transportation	(1)	(2)	(3)	(4)	(5)
c. Road conditions	(1)	(2)	(3)	(4)	(5)
d. Driving habits (e.g., speeding, road rage)	(1)	(2)	(3)	(4)	(5)
e. Availability of good walking or biking options (as alternatives to driving)	(1)	(2)	(3)	(4)	(5)
f. Cost of automobile ownership (e.g., gas, maintenance, insurance)	(1)	(2)	(3)	(4)	(5)
Q7. ENVIRONMENT					
a. Water quality concerns	(1)	(2)	(3)	(4)	(5)
b. Noise level concerns	(1)	(2)	(3)	(4)	(5)
c. Air quality concerns	(1)	(2)	(3)	(4)	(5)
d. Garbage and litter concerns	(1)	(2)	(3)	(4)	(5)
Q8. CHILDREN AND YOUTH					
a. Availability and/or cost of services for at-risk youth	(1)	(2)	(3)	(4)	(5)
b. Youth crime	(1)	(2)	(3)	(4)	(5)
c. School dropout rates/truancy	(1)	(2)	(3)	(4)	(5)
d. Teen pregnancy	(1)	(2)	(3)	(4)	(5)
e. Bullying	(1)	(2)	(3)	(4)	(5)
f. Availability and/or cost of activities for children and youth	(1)	(2)	(3)	(4)	(5)
g. Availability and/or cost of quality child care	(1)	(2)	(3)	(4)	(5)
Q9. THE AGING POPULATION					
a. Availability and/or cost of activities for seniors	(1)	(2)	(3)	(4)	(5)
b. Availability and/or cost of long-term care	(1)	(2)	(3)	(4)	(5)
c. Availability of resources to help the elderly stay in their homes	(1)	(2)	(3)	(4)	(5)
d. Availability of resources for family and friends caring for elders	(1)	(2)	(3)	(4)	(5)
e. Availability of resources for grandparents caring for grandchildren	(1)	(2)	(3)	(4)	(5)
Q10. SAFETY					
a. Child abuse and neglect	(1)	(2)	(3)	(4)	(5)
b. Elder abuse	(1)	(2)	(3)	(4)	(5)
c. Domestic violence	(1)	(2)	(3)	(4)	(5)
d. Presence and influence of drug dealers in the community	(1)	(2)	(3)	(4)	(5)
e. Property crimes	(1)	(2)	(3)	(4)	(5)
f. Violent crimes	(1)	(2)	(3)	(4)	(5)

Q11. What other COMMUNITY CONCERNS do you have that are not reflected in the previous questions?

Health and Wellness Concerns about Your Community

Using a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal," please tell us your level of concern about health and wellness issues in your community within each of the following categories: ACCESS TO HEALTH CARE, PHYSICAL AND MENTAL HEALTH, and SUBSTANCE USE AND ABUSE.

Considering your community, how concerned are you about...

Level of concern
(1=not at all; 5= a great deal)

Q12. ACCESS TO HEALTH CARE

Not at All ←————→ A Great Deal
1 2 3 4 5

- | | | | | | |
|--|---|---|---|---|---|
| a. Cost of health care | 1 | 2 | 3 | 4 | 5 |
| b. Cost of prescription drugs | 1 | 2 | 3 | 4 | 5 |
| c. Cost of health insurance | 1 | 2 | 3 | 4 | 5 |
| d. Adequacy of health insurance (e.g., amount of co-pays, deductibles) | 1 | 2 | 3 | 4 | 5 |
| e. Access to health insurance coverage (e.g., preexisting conditions) | 1 | 2 | 3 | 4 | 5 |
| f. Availability and/or cost of dental and/or vision insurance coverage | 1 | 2 | 3 | 4 | 5 |
| g. Availability and/or cost of dental and/or vision care | 1 | 2 | 3 | 4 | 5 |
| h. Availability of prevention programs or services | 1 | 2 | 3 | 4 | 5 |
| i. Availability of doctors, nurses, and/or specialists | 1 | 2 | 3 | 4 | 5 |
| j. Availability of bilingual providers and/or translators | 1 | 2 | 3 | 4 | 5 |
| k. Distance to health care services | 1 | 2 | 3 | 4 | 5 |
| l. Availability of/access to transportation | 1 | 2 | 3 | 4 | 5 |
| m. Providers not taking new patients | 1 | 2 | 3 | 4 | 5 |
| n. Time it takes to get an appointment | 1 | 2 | 3 | 4 | 5 |
| o. Availability of non-traditional hours (e.g., evenings, weekends) | 1 | 2 | 3 | 4 | 5 |
| p. Patient confidentiality | 1 | 2 | 3 | 4 | 5 |
| q. Use of emergency room services for primary health care | 1 | 2 | 3 | 4 | 5 |
| r. Availability of mental health services and providers | 1 | 2 | 3 | 4 | 5 |
| s. Coordination of care | 1 | 2 | 3 | 4 | 5 |

Q13. PHYSICAL AND MENTAL HEALTH

- | | | | | | |
|--|---|---|---|---|---|
| a. Obesity | 1 | 2 | 3 | 4 | 5 |
| b. Poor nutrition/eating habits | 1 | 2 | 3 | 4 | 5 |
| c. Inactivity and/or lack of exercise | 1 | 2 | 3 | 4 | 5 |
| d. Cancer | 1 | 2 | 3 | 4 | 5 |
| e. Chronic disease (e.g., diabetes, heart disease, multiple sclerosis) | 1 | 2 | 3 | 4 | 5 |
| f. Communicable disease (e.g., sexually transmitted diseases, AIDS) | 1 | 2 | 3 | 4 | 5 |
| g. Dementia/Alzheimer's disease | 1 | 2 | 3 | 4 | 5 |
| h. Depression | 1 | 2 | 3 | 4 | 5 |
| i. Stress | 1 | 2 | 3 | 4 | 5 |
| j. Suicide | 1 | 2 | 3 | 4 | 5 |

Q14. SUBSTANCE USE AND ABUSE

- | | | | | | |
|----------------------------------|---|---|---|---|---|
| a. Alcohol use and abuse | 1 | 2 | 3 | 4 | 5 |
| b. Drug use and abuse | 1 | 2 | 3 | 4 | 5 |
| c. Smoking and tobacco use | 1 | 2 | 3 | 4 | 5 |
| d. Exposure to second-hand smoke | 1 | 2 | 3 | 4 | 5 |

Q15. What other HEALTH AND WELLNESS CONCERNS do you have about your community that are not reflected in the previous questions?

Demographic Information – Please tell us about yourself.

Q16. What is your age?

- 18 to 29 years 65 to 74 years
 30 to 44 years 75 years or older
 45 to 64 years Prefer not to answer

Q17. What is your highest level of education?

- Some high school Bachelor's degree
 High school diploma or GED Graduate or
Professional degree
 Some college/no degree
 Associate's degree Prefer not to answer

Q18. What is your gender?

- Male Female Prefer not to answer

Q19. Do you work/volunteer outside the home?

- Yes No Prefer not to answer

Q20. What is your approximate annual household income before taxes?

- Less than \$20,000 \$70,000 to \$119,999
 \$20,000 to \$39,999 \$120,000 or more
 \$40,000 to \$69,999 Do not know/prefer not to answer

Q21. Do you own or rent your home?

- Own Other (please specify) _____
 Rent Prefer not to answer

Q22. What best describes your race/ethnicity? (choose all that apply)

- White
 Black/African American
 Native American/Alaska Native
 Asian/Pacific Islander
 Hispanic
 Other (please specify) _____

Q23. Are you the parent or primary caregiver of a child/children 18 years of age or younger?

- Yes No Prefer not to answer

Q24. What provider do you use for your primary health care?

- Essentia Health
 Family HealthCare Center
 Independent Family Doctors
 Sanford Health
 Use emergency room/urgent care for primary care services
 Did not access health care in last 12 months (*skip to Q25*)
 Other (please specify) _____

Q24a. Why did you choose this provider? (choose all that apply)

- Location
 Cost
 Quality of services
 Availability of services
 Sense of being valued as a patient
 Influenced by health insurance
 Other (please specify) _____

Q25. Have you personally had a cancer screening (mammogram, Pap smear, breast exam, testicular exam, rectal exam, prostate blood test, colonoscopy, etc.) or cancer care in the past year?

- Yes (skip to Q26)
 No

Q25a. Why not? (choose all that apply)

- Not necessary Doctor hasn't suggested
 Fear Unable to access care
 Cost I don't know who to see
 Unfamiliar with recommendations
 Other (please specify) _____

Q26. Over the past 12 months, how have you paid for health care costs (for you or family members)?

- Health insurance through an employer Medicare
 Private health insurance Did not access health care in last 12 months
 Personal income (e.g., cash, check, credit) Other (please specify) _____
 Medicaid

Q27. Please share any additional concerns and suggestions you may have.

Thank you for assisting us with this important survey!